

This sample form gives parents the right to receive information about a student's education after the student turns 18.

CONSENT TO AUTHORIZE ADVOCACY AND RELEASE OF INFORMATION

I _____, authorize

_____ School to give _____

Parent(s)/education advocate
information about my school program and placement, and access any documents related to my education.

I want my parent(s) or education advocate named above to be invited to all meetings about me.

I do not want any decisions made without their input or my input.

If the schools have any documents I need to sign, my parent(s) or education advocate must sign first, before I will sign.

I want all documents related to my education sent to my parent(s) or education advocate at the following address:

I want this permission to be in effect for as long as I receive special education.

_____ (Name)

_____ (Date)